



Sen. Carol Ronen

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09500SB0005sam004

LRB095 08883 DRJ 36949 a

1 AMENDMENT TO SENATE BILL 5

2 AMENDMENT NO. _____. Amend Senate Bill 5, AS AMENDED, with
3 reference to page and line numbers of Senate Amendment No. 1,
4 on page 68, after line 23, by inserting the following:

5 "Section 15-15. The State Employees Group Insurance Act of
6 1971 is amended by adding Section 6.16 as follows:

7 (5 ILCS 375/6.16 new)

8 Sec. 6.16. Coverage of dependents until age 30.

9 (a) A group health insurance policy that provides coverage
10 for a dependent of a State member, as defined in this Act,
11 under which coverage of a dependent terminates at a specific
12 age before the dependent's 30th birthday, and is delivered,
13 issued, executed, or renewed in this State after January 1,
14 2008, shall, upon application of the dependent as set forth in
15 subsection (c) of this Section, provide health insurance
16 coverage, excluding dental, life, and vision coverage, to the

1 dependent after that specific age until the dependent's 30th
2 birthday. As used in this Section, "dependent" means any State
3 member's child by blood or by law who:

4 (1) is less than 30 years of age;

5 (2) is unmarried;

6 (3) is a resident of this State or is enrolled as a
7 full-time student at an accredited public or private
8 institution of higher education; and

9 (4) is not actually provided coverage as a named
10 subscriber, insured, enrollee, or covered person under any
11 other group or individual health benefits plan, group
12 health plan, church plan, or health benefits plan, or
13 entitled to benefits under Title XVIII of the Social
14 Security Act, Pub.L. 89-97 (42 U.S.C. 1395 et seq.).

15 (b) Nothing in this Section shall be construed to require
16 that:

17 (1) coverage for services be provided to dependents
18 before January 1, 2008; or

19 (2) an insurer pay all or part of the cost of coverage
20 for dependents as provided pursuant to this Section.

21 (c) Application for dependent coverage.

22 (1) A dependent covered by any health insurance policy,
23 which coverage under the policy terminates at a specific
24 age before the dependent's 30th birthday, may make a
25 written election for coverage as a dependent pursuant to
26 this Section, until the dependent's 30th birthday, at any

1 of the following times:

2 (A) within 30 days prior to the termination of
3 coverage at the specific age provided in the policy;

4 (B) within 30 days after meeting the requirements
5 for dependent status as set forth in subsection (a) of
6 this Section, when coverage for the dependent under the
7 policy previously terminated; or

8 (C) during an open enrollment period, as provided
9 pursuant to the policy, if the dependent meets the
10 requirements for dependent status as set forth in
11 subsection (a) of this Section during the open
12 enrollment period.

13 (2) For 12 months after January 1, 2008, a dependent
14 who qualifies for dependent status as set forth in
15 subsection (a) of this Section, but whose coverage as a
16 dependent terminated under the terms of the policy prior to
17 January 1, 2008, may make a written election to reinstate
18 coverage under the policy as a dependent pursuant to this
19 subsection.

20 (3) Coverage for a dependent who makes a written
21 election for coverage pursuant to this subsection shall
22 consist of coverage that is identical to the health
23 insurance coverage provided to that dependent prior to the
24 termination of coverage at the specific age provided in the
25 policy. If the health insurance coverage was modified under
26 the policy for any similarly situated dependents prior to

1 their termination of coverage at the specific age provided
2 in the policy, the health insurance coverage shall also be
3 modified in the same manner for the dependent seeking
4 reinstatement.

5 (4) Coverage for a dependent who makes a written
6 election for coverage pursuant to this subsection shall not
7 be conditioned upon, or discriminate on the basis of, lack
8 of evidence of insurability.

9 (d) Premium payments.

10 (1) The policy of insurance pursuant to this Section
11 shall require payment of a premium by the State member or
12 dependent, as appropriate, for any period of coverage
13 relating to a dependent's written election for coverage
14 pursuant to subsection (c). The premium shall be no less
15 than 100% and shall not exceed 105% of the cost of such
16 coverage as determined by the Department of Healthcare and
17 Family Services.

18 (2) Payments of the premium may, at the election of the
19 State member, be made in monthly or semi-monthly
20 installments through payroll deduction or direct payment.

21 (e) Coverage for a dependent provided pursuant to this
22 Section shall be provided until the earlier of the following:

23 (1) the dependent is disqualified for dependent status
24 as set forth in subsection (a) of this Section;

25 (2) the date on which coverage ceases under the policy
26 by reason of a failure to make a timely payment of any

1 premium required under the policy by the State member or
2 dependent for coverage provided pursuant to this Section;
3 the payment of any premium shall be considered to be timely
4 if made within 30 days after the due date or within a
5 longer period as may be provided for by the policy; or

6 (3) the date upon which the insurer ceases to provide
7 coverage to the State member.

8 Nothing in this subsection (e) shall be construed to permit
9 the insurer to refuse a written election for coverage by a
10 dependent pursuant to subsection (c) of this Section, based
11 upon the dependent's prior disqualification pursuant to
12 paragraph (1) of this subsection (e).

13 (f) Notice regarding coverage for a dependent as provided
14 pursuant to this Section shall be provided by the insurer:

15 (1) on or before the coverage of a State member's
16 dependent terminates at the specific age as provided in the
17 policy;

18 (2) at the time coverage of the dependent is no longer
19 provided pursuant to this Section because the dependent is
20 disqualified for dependent status as set forth in
21 subsection (a) of this Section, except that this notice
22 shall not be required when a dependent no longer qualifies
23 based upon paragraph (1) or (3) of subsection (a) of this
24 Section;

25 (3) before any open enrollment period permitting a
26 dependent to make a written election for coverage pursuant

1 to subsection (c) of this Section; and
2 (4) immediately following January 1, 2008, prior to any
3 subsequent open enrollment period, as provided for by the
4 policy, to make a written election to reinstate coverage
5 under the policy pursuant to paragraph (2) of subsection
6 (c) of this Section.".